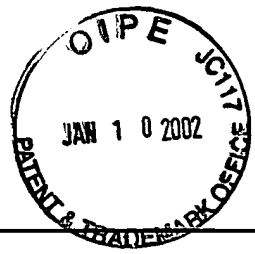


18



BAKER BOTTS LLP

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) A32964 072874.0132
In re Application of Achenbach		
Application Number 09/463,851		Filed June 5, 2000
For PHARMACEUTICAL COMPOUNDS * see attached		
Group Art Unit 1651		Examiner Patten, P.

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 920
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 460

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-4377

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

January 4, 2002
Date

PTO Reg No.: 32,300

Adjustment date: 05/14/2002 AKELLEY
01/15/2002 CCHAU1 00000035 09463851
01 FC:217 -460.00 OP

Rochelle K. Seide
Signature

Rochelle K. Seide
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

RECEIVED
JAN 16 2002
OFFICE OF PETITIONS

01/15/2002 CCHAU1 00000035 09463851
01 FC:217 460.00 OP

Title: PHARMACEUTICAL COMPOUNDS ISOLATED FROM ARISTOLOCHIA TALISCANA

Use Space Below for Additional Information: